“Connecting the Dots”
“Connecting the Dots”

1. Pediatric Dentistry
2. API
3. FQHCs
Challenges in Pediatric Oral Health
Challenges in Pediatric Oral Health

- 15.2% increase in caries prevalence in 2-5 y/o in last 10 years
  
- More than 1 in 4 of pre-school children have experienced tooth decay

- 80% of pediatric dental caries is in 25% of the population

- Low income, immigrant, minority populations more at risk

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1 Beltran 2005
2 CDC 2005
3 Kaste 1996
4 Edelstein 2002, Kenney 2000
Challenges in Pediatric Oral Health

- Eighty billion dollars in US spent on dental care in 2006\(^1\)
- 25% of US child health spending is for dental care\(^1\)
- Average tx. in OR @ $5k; 40% of cases fail after one year\(^2\)
- Deamonte Driver

\(^1\) Children’s Dental Health Project Issues Briefs: cdhp.org
\(^2\) Berkowitz 2003
API Challenges in Pediatric Oral Health
API Challenges in Oral Health

- Risk for Early Childhood Caries 3x among Asian children compared to white children. ¹

- API children have higher rates of dental caries and more likely to have unmet dental needs than white children. ²

¹ Shiboski 2003
² Greer 2003
Dental Caries Experience among Chinese-American Children and Adolescents in Lower Manhattan
Caries experience in primary dentition by age group and race-ethnicity.

The image shows a bar chart comparing caries experience in primary dentition across different age groups (1-4 y/o and 5-11 y/o) and race-ethnicities (CA, Total NHANES, NHANES MA, NHANES AA, NHANES WH).

- In the 1-4 y/o age group:
  - CA: 2.42
  - Total NHANES: 1.3
  - NHANES MA: 0.4
  - NHANES AA: 0.7
  - NHANES WH: 0.6

- In the 5-11 y/o age group:
  - CA: 4.21
  - Total NHANES: 1.9
  - NHANES MA: 1.3
  - NHANES AA: 1.2
  - NHANES WH: 2.2

The y-axis represents the age groups, and the x-axis represents the number of decayed, filled, and extracted teeth (dft).
Oral Health Services in FQHCs
Oral Health Services in FQHCs: Advantages

- Access to target populations at risk
- Existing payment system allows for easy integration
- Opportunity to integrate with other pediatric services
- Prevention Focused
Oral Health Services in FQHCs: Challenges

- Difficult to promote prevention - high emergency backlog

- High Initial set up/Expansion Costs

- Inadequate Dental workforce:
  - Aging
  - Poorly distributed
  - Rise of Cosmetic Dentistry
Age Distribution of Private Practice Dentists (2005)

American Dental Association, 2005
Active Dentists per 100,000 Population

- 2000: 54.5
- 2005: 54.5
- 2010: 53.3
- 2015: 52.0
- 2020: 50.7

American Dental Association, 2005
In 1999, National Health Service Corps were able to fill only one out of every three vacant dentist positions in underserved areas.\(^1\)

\(^1\) U.S. General Accounting Office. 2000
2004 Health Center Dentist Vacancy Rates

- Total: 18.5%
- Rural: 26.7%
- Urban: 15.4%

Rosenblatt 2006.
Finding Solutions

- Loan repayment programs
- Clinical rotations of dental students/residents
- Recruiting students from minority/rural areas
- Tele-dentistry to increase efficiency
- Mobile dental vans and portable units
Traditional approaches in FQHCs

- Become more efficient/more productive
- Build more space
Traditional approaches in FQHCs

- Become more efficient/more productive (limited)
- Build more space
Traditional approaches in FQHCs

- Become more efficient/more productive
  (limited)

- Build more space
  (expensive)
Traditional approaches in FQHCs

- Become more efficient/more productive
  (limited)
- Build more space
  (expensive)
  (complicated)
Traditional approaches in FQHCs

- Become more efficient/more productive (limited)

- Build more space (expensive) (complicated) (does not address workforce issue)
Some Current Examples

- **Maryland**: FQHCs and Foreign trained dentists
- **Connecticut**: Private Contracting with FQHCs
- **North Carolina**: “Into the Mouth of Babes”
Pediatric Dental Fellowship

- Dr Norman Tinanoff - University of Maryland

- Comprehensive oral health services in FQHCs to children under 5 years of age.

- Graduates of non-US and non-Canadian dental schools eligible for full dental licensure in MD.
Contracting between Private Dentists and FQHCs

- Similar to other contractual agreements.
- Permitted by federal regulators
- Endorsed and promoted by American Dental Association and National Association of Community Health Centers
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“Into the Mouth of Babes”

- University of North Carolina
- Collaborative effort, funded by CDC, CMS, and HRSA
- Trains medical providers to deliver preventive oral health services to high risk children
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North Carolina Academy of Family Physicians Inc: http://www.ncafp.com/imb/
Thank you!

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